

MIDCOAST DISTRICT:**Access to Care**

Health Care Provider Shortage Areas
& Federally Supported Health Care Centers

One of the public health system's two main goals is to reduce identified disparities in population health status between different groups. In Maine, this includes improving access to care for vulnerable populations, among them people with low socio-economic status, the very young and very old, and those who best served by trained culturally competent health care providers.

Maine residents can learn if their community falls within a federal designation indicating access to care is a problem locally. The Maine CDC's Office of Primary Care and Rural Health tracks where in the state communities are underserved. It offers technical assistance to communities for applying for federally sponsored health care providers to serve locally, or to receive funding to establish community health centers to serve people with low incomes who otherwise would go without care altogether and/or use costly emergency departments as their "medical home".

Native American people qualifying as Tribal members may access limited health care services provided by Tribal Health Centers (a separate federal health care delivery system flat funded by the U.S. Indian Health Service [IHS]). However, about half to two thirds of Native Americans in Maine live off reservation, with many living outside the service area for IHS centers.

Transportation, literacy and health literacy levels, lack of trained culturally competent providers are just a few of the numerous barriers to full access to care for all Maine people.

| District | Health Professional Shortage Areas | Community Health Centers | Tribal Health Departments |
|-----------------|---|---------------------------------|----------------------------------|
| York | 1 | 1 | - |
| Cumberland | 1 | 1 | - |
| Western | 10 | 10 | - |
| Midcoast | 5 | 4 | - |
| Central Maine | 13 | 10 | - |
| Penquis | 12 | 9 | 1 |
| Downeast | 14 | 9 | 2 |
| Aroostook | 13 | 5 | 2 |

Health Professional Shortage Areas (HPSA) are areas in which the State has identify a shortage of providers of (1) primary care, (2) dental care or (3) mental health providers, using federal criteria for defining a shortage. These HPSAs do not include the eleven additional HPSAs that cover *multiple* districts.

Community Health Centers are federally funded centers that provide access to care. While satellite sites serve additional locations, they remain a core strategy to reduce barriers to access to care.

Tribal Health Departments are dedicated to the needs of members of Tribal Nations. There are five Tribal health centers in Maine that receive some funding from IHS.

Access to Primary Care Physicians

Maine is a rural state with a widely scattered population. Primary dental, and mental health care services in rural and certain urban areas are limited by a lack of providers, health care facilities and by a lack of services which complement and supplement health care services. Geographic, financial, transportation and other barriers prevent access to health care services.

Medical care providers are more difficult to recruit and retain in rural areas. Small populations limit their practices. They may be long distances from hospitals where they can treat patients and consult with colleagues. They may find it difficult to keep up with changing knowledge and to know about changes in resources for patients.

The Maine CDC's Office of Rural Health and Primary Care gathers and analyzes data to assess both resources and makes recommendations for filling gaps and increasing access to primary care, mental health and dental health care services for underserved areas. It provides technical assistance to communities, health care providers and health care facilities. It also supports communication links among stakeholders in rural health issues. For more information contact the ORHPC at www.maine.gov/dhhs/boh/orhpc.

ACTIVE PHYSICIANS* IN MAINE WHO SPECIFIED PRIMARY CARE AS A FIRST SPECIALTY

Selected Statistics by District of Employment: December 31, 2004

| District | 2003 Population | Total PC Physicians | Avg Pt Care Hrs per week | Pop to Physician Ratio |
|--------------------|------------------|------------------------|-----------------------------|---------------------------|
| York | 198,026 | 156 | 41.3 | 1,269:1 |
| Cumberland | 270,923 | 357 | 39.9 | 759:1 |
| Midcoast | 149,838 | 126 | 41.9 | 1,189:1 |
| Western | 192,029 | 176 | 39.5 | 1,091:1 |
| Central | 170,837 | 176 | 41.3 | 971:1 |
| Penquis | 164,376 | 175 | 44.1 | 939:1 |
| Aroostook | 73,428 | 71 | 47.7 | 1,034:1 |
| Downeast | 86,271 | 98 | 42.2 | 880:1 |
| State Total | 1,305,728 | 1,335 | 42.2 | 978:1 |

*Licensed, active professionals working in Maine who responded to the survey.

Notes:

The calculation of average patient care hours per week excludes 83 physicians with unknown patient care hours.

Some physicians report more than one specialty. Average patient care hours per week in this table represents the average of all patient care hours reported by physicians with primary care as a first specialty. Some of these hours may represent time spent in another specialty area.

Sources: Maine Cooperative Health Manpower Resource Inventory, ODRVS, ORHPC, and US Census Bureau.

Maine CDC/DHHS, Office of Data, Research and Vital Statistics [ODRVS] and Office of Rural Health and Primary Care [ORHPC].

Prepared by ORHPC, October 2007.

State Public Health Nursing Services

Public Health Nurses [PHNs], registered professional nurses, are employed directly by the Maine CDC and deliver public health nursing services, expertise and leadership to individuals, families, and organizations across Maine. The State's Public Health Nursing Program assures public health nursing services are available for Maine people – critical in a state where only a few local governments employ public health nurses. Through State agreements with regional agencies, Maternal and Child Health (MCH) nursing services are contracted to provide additional MCH nursing capacity.

PHNs help assess and assure the State's delivery of Essential Public Health Service #7: "assess people's access to quality, affordable and accessible personal health services and assure the provision of health care when otherwise unavailable." Public health nurses identify local needs and availability of resources through a community nursing assessment and diagnosis process.

A few examples of State funded PHN services include outreach and case management, immunization clinics, participation in all-hazard preparedness planning and disaster response, technical assistance to comprehensive community health coalitions, and disease outbreak response. PHNs provide consultation when municipal officials or health care providers aren't sure what resources exist for a local health need or problem. Public health nurses provide broad and flexible services, filling gaps in those areas of the state lacking sufficient public health infrastructure.

Maine CDC PHNs serve in districts as well as out of a central office in Augusta. PHNs are or will be co-located in DHHS District Public Health Units along with other regionally based State public health staff in future. More information on the Public Health Nursing Program can be found at www.mainepublichealth.gov.

| State Funded Public Health Nursing Services in Midcoast District | | | | | | |
|---|-------------------------------------|-------------------------------|---|--|--|--|
| Office Location | Co-located In DHHS District PH Unit | Maine CDC PHN staff positions | Maine CDC PHN Visits for Individual Services 2006 | Maine CDC PHN Visits: Population-Based Services 2006 | District's Maine CDC's contracted MCH nursing services | State Contracted Agency District MCH visits 2006 |
| Rockland | Planned Pilot | 4 | 1149 | 74 | CHANS Home Health Care, Inc. | |
| Bath | | 2 | 426 | 90 | | 234 |
| TOTAL | | 6 | 1575 | 164 | | 234 |